

CLAIMS ONLY

Application Number

101043047

.. Filling Date

pg 1002

Applicant(s)

[illegible]

CLAIMS ONLY

Application Number

101043,047

Filing Date

Applicant(s)

04. 2/22

* May be used for additional claims or amendments

| CLAIMS | AS FILED 12/26/07 | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | * May be used for additional claims or amendments | | | | | | | |
|------------------|----------------------|--------|--------------------------|--------|---------------------------|--------|---|--|--------|--|-------|--|--------|--|
| | Indep. | Depend | Indep | Depend | Indep | Depend | Indep | | Depend | | Indep | | Depend | |
| 01 | | 1 | | | | | 51 | | | | | | | |
| 02 | | 1 | | | | | 52 | | | | | | | |
| 03 | | 1 | | | | | 53 | | | | | | | |
| 04 | | 1 | | | | | 54 | | | | | | | |
| 05 | | 1 | | | | | 55 | | | | | | | |
| 06 | 1 | | | | | | 56 | | | | | | | |
| 07 | | 1 | | | | | 57 | | | | | | | |
| 08 | | 1 | | | | | 58 | | | | | | | |
| 09 | | 1 | | | | | 59 | | | | | | | |
| 10 | 1 | | | | | | 60 | | | | | | | |
| 11 | | 1 | | | | | 61 | | | | | | | |
| 12 | | 1 | | | | | 62 | | | | | | | |
| 13 | | 1 | | | | | 63 | | | | | | | |
| 14 | | 1 | | | | | 64 | | | | | | | |
| 15 | | | | | | | 65 | | | | | | | |
| 16 | | | | | | | 66 | | | | | | | |
| 17 | | | | | | | 67 | | | | | | | |
| 18 | | | | | | | 68 | | | | | | | |
| 19 | | | | | | | 69 | | | | | | | |
| 20 | | | | | | | 70 | | | | | | | |
| 21 | | | | | | | 71 | | | | | | | |
| 22 | | | | | | | 72 | | | | | | | |
| 23 | | | | | | | 73 | | | | | | | |
| 24 | | | | | | | 74 | | | | | | | |
| 25 | | | | | | | 75 | | | | | | | |
| 26 | | | | | | | 76 | | | | | | | |
| 27 | | | | | | | 77 | | | | | | | |
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| 29 | | | | | | | 79 | | | | | | | |
| 30 | | | | | | | 80 | | | | | | | |
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| 32 | | | | | | | 82 | | | | | | | |
| 33 | | | | | | | 83 | | | | | | | |
| 34 | | | | | | | 84 | | | | | | | |
| 35 | | | | | | | 85 | | | | | | | |
| 36 | | | | | | | 86 | | | | | | | |
| 37 | | | | | | | 87 | | | | | | | |
| 38 | | | | | | | 88 | | | | | | | |
| 39 | | | | | | | 89 | | | | | | | |
| 40 | | | | | | | 90 | | | | | | | |
| 41 | | | | | | | 91 | | | | | | | |
| 42 | | | | | | | 92 | | | | | | | |
| 43 | | | | | | | 93 | | | | | | | |
| 44 | | | | | | | 94 | | | | | | | |
| 45 | | | | | | | 95 | | | | | | | |
| 46 | | | | | | | 96 | | | | | | | |
| 47 | | | | | | | 97 | | | | | | | |
| 48 | | | | | | | 98 | | | | | | | |
| 49 | | | | | | | 99 | | | | | | | |
| 50 | | | | | | | 200 | | | | | | | |
| Total Indep. | 7 | | | | | | Total Indep. | | | | | | | |
| Total Depend. | 46 | | | | | | Total Depend. | | | | | | | |
| Total claims | 53 | | | | | | Total Claims | | | | | | | |